06-1

FILED
Jul 08, 2002 8:00 am
Secretary of State

06-16-2002 90693 028 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001061

1. Entity Name

American Nursing Services, Inc.

DO NOT WRITE IN THIS SPACE

96739

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3012 26th Street	3012 26th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Metairie LA 70002	City & State: Metairie LA 70002
Zip / Country	Zip / Country

4. FEI Number: 72-0932147 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kim Myrick

Street Address (P.O. Box Number is Not Acceptable): 1701 W. Hillsboro Blvd Suite 401

City: Deerfield FL Zip Code: 33442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when resigning) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
P. K. Scheerle PRESIDENT 3012 26th Street Metairie, LA 70002	PRESIDENT
Margaret Candon SECRETARY 3012 26th Street Metairie, LA 70002	SECRETARY
	DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #